

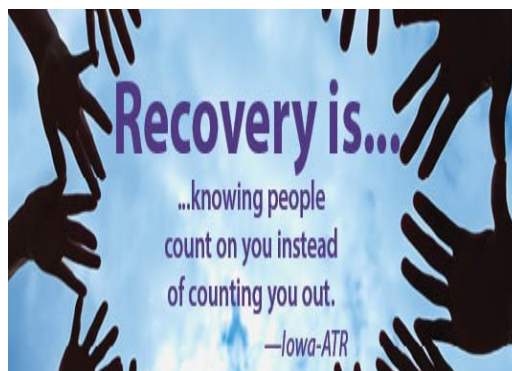
Walker's Signature: _____

Total _____

Sponsor's Name	Amount Pledged	Amount Collected
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____

Walker's Name: _____

This event is
**TOBACCO
ALCOHOL &
DRUG FREE!**



**Balloon release in
memory of those
we have lost.**



217 Old Ithaca Road
Horseheads, NY 14845
Phone: 607-442-1507
Fax: 607-442-1578
E-mail:
www.TrinityofChemungCounty.org



7th Annual Walk for Recovery

1K WALK • 5K RUN

NON-COMPETITIVE



Saturday, September 10, 2016

Eldridge Park - Elmira NY

9am-12pm

• **Activities** • **Raffles** • **Awards** •
Entertainment • **Games**

7th Annual Walk for Recovery

Celebrate People in
Recovery!

Raise Awareness that
Recovery is Possible!

Treatment is Effective!

People CAN and DO
Recover!

Register online at

Trinitywalkforrecovery.eventbrite.com



Registration Info.

Pre Registration is due by
Friday, August 26th, 2016

(Pre-Registration guarantee's you a t-shirt, water
bottle, and back pack)

1K Walk: \$15 per person, for families
of 4 or more \$10 per person

- Backpack
- "One Step at a Time" Chip
- Water bottle
- T-Shirt

5K Run/Walk: \$20 per person, for
teams of 10 or more \$15 per person

- Backpack
- "One Step at a Time" Chip
- Water bottle
- T-Shirt
- Pedometer
- Sunglasses

Registration is from 9-9:45 am

Guest Speaker at 9:45

5k Run starts at 10:00 am with the Walk
to immediately follow

AWARDS:

Awards will be given out to:

- The Largest Team
- Largest donation by team
- Largest donation by individual

Leashed pets are welcomed to walk in
the 1K walk, for their safety they cannot
participate in the 5K run.



National
Recovery Month
Prevention Works • Treatment is Effective • People Recover
SEPTEMBER 2016

Registration Form Walk for Recovery 2016

If registering as a **Team**, please provide
Team Name and your **Individual Name**.

**All team members must register
individually!**

**Team
Name:** _____

**Individual
Name:** _____

T-Shirt Size: x-small, small, med, large,
(circle one) XLarge, XXLarge _____

Race: 5K Run or 1K Walk
(NON-COMPETITIVE)

Address: _____

**City/State/
Zip:** _____

Phone: _____

Email: _____

Waiver: In consideration of my signing this agreement, I hereby
for myself, my heirs and administrator assume any and all risks
that might be associated with the walk. I waive and release any and
all rights and claims for damages which I may have against the
organizers and any other connected with this event, their represent-
atives, successors and assigns for any and all injuries or damages of
any kind whatsoever suffered by me as a result of taking part in the
walk and any related activities.

*If walker is a minor, please have parent/guardian sign release/

SIGNATURE: _____

DATE _____

Parent Signature if participant is under 18 years old

Checks payable to Trinity of Chemung
County